

Geologic Collections Management System

Record of Transfer OR Disposal of Geologic Materials

GCMS

Name of Repository _____

Do not use this form for transfer of materials to the NMNH.

Deaccession Method

Federal Agency
 Educational Institution
 Outreach Organization
 Other _____
 Disposal

Assign Material From

Name _____
 Office _____
 Address _____

 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Material Location _____

Assign Material To

Name _____
 Office _____
 Address _____

 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Material Location _____

Material Description *(please be as detailed as possible—use continuation page if necessary)*

Check if continued on next page

Signatures—*Bottom part to be signed after Approval for Deaccession form has been completed and signed.*

<input type="checkbox"/> Transferor	_____	<i>Print</i>	_____	<i>Sign</i>	_____	<i>Date</i>
<input type="checkbox"/> Transferee	_____	<i>Print</i>	_____	<i>Sign</i>	_____	<i>Date</i>
<input type="checkbox"/> Approving Official	_____	<i>Print</i>	_____	<i>Sign</i>	_____	<i>Date</i>

Title of Approving Official _____ Phone Number of Approving Official _____

